

**A RELATIONAL APPROACH TO POSTPARTUM DEPRESSION: ADDRESSING THE NEEDS OF
WOMEN, INFANTS AND PARTNERS IN THE TRANSITION TO PARENTHOOD**

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EPDS

Circle the number for each statement, which best describes how often you felt or behaved this way *in the past 7 days*....

I have been able to laugh and see the funny side of things.

- ③ As much as I always could
- ② Not quite so much now
- ① Definitely not so much now
- ④ Not at all

I have looked forward with enjoyment to things.

- ③ As much as I ever did
- ② Rather less than I used to
- ① Definitely less than I used to
- ④ Hardly at all

I have blamed myself unnecessarily when things went wrong.

- ④ No not at all
- ③ Hardly ever
- ② Yes, sometimes
- ① Yes, very often

I have been anxious or worried for no good reason.

- ③ Yes, quite a lot
- ② Yes, sometimes
- ① No, not much
- ④ No, not at all

I felt scared or panicky for no very good reason.

- ③ Yes, quite a lot
- ② Yes, sometimes
- ① No, not much
- ④ No, not at all

Things have been getting on top of me.

- ③ Yes, most of the time I have not been able to cope at all
- ② Yes, sometimes I have not been coping as well as usual
- ① No, most of the time I have coped quite well
- ④ No, I have been coping as well as ever

I have felt so unhappy that I have had difficulty sleeping.

- ③ Yes, most of the time
- ② Yes, sometimes
- ① Not very often
- ④ No, not at all

I have felt sad and miserable.

- ③ Yes, most of the time
- ② Yes, quite often
- ① Not very often
- ④ No, not at all

I have been so unhappy that I have been crying

- ③ Yes, most of the time
- ② Yes, quite often
- ① Only occasionally
- ④ No, never

The thought of harming myself has occurred to me.

- ③ Yes, quite often
- ② Sometimes
- ① Hardly
- ④ Never

Column Total = _____	Column Total = _____	Total = _____
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MATERNAL DEPRESSION

RECOGNITION

In Mother – A combination of several of these symptoms over an extended time:

- Frequent crying
- Decrease or increase in appetite
- Sleep difficulties
- Moderate to high anxiety
- Panic attacks
- Feeling unable to cope
- Feelings of personal worthlessness, despair, guilt
- Sluggishness that interferes with caring of child
- Expression of little positive emotion with child
- Fear of harming child or self

In Infant – A combination of several of these symptoms over an extended time:

- Avoiding eye contact
- Sleeping or eating patterns unpredictable (>4 months)
- Constricted affect
- Difficult to comfort or soothe
- Developmental delays

In Toddler – A combination of several of these symptoms over an extended time:

- Appears depressed, angry, anxious or distractible
- Expresses little or no enjoyment in interaction with people
- Relationships are conflictual, negative or strained
- Developmental delays

RISK FACTORS

Previous depression or other psychiatric illness

Unplanned/unwanted pregnancy

Family history of depression

Difficult pregnancy or unplanned C-section delivery

Marital strain/conflict

Infant with perinatal complications/prematurity

Sleep deprivation

Previous perinatal loss

Experience of inadequate or abusive parenting

PROTECTIVE FACTORS

For Mother:

- Early recognition
- Peer support of other mothers
- Reducing contact with family members that are conflictual
- Respite care to allow for time alone or adult time with significant other
- Therapeutic work focused on exploring meaning of infant to mother and enhancing feelings of competence in the mothering role

For Infant/Young Child:

- Consistent, emotionally available, and responsive adult
- Developmental stimulation
- Exposure to positive emotion and a range of affect

For Family:

- Information/support for husband/significant other
- Family oriented therapist
- Focus on couples communication

BIOPSYCHOSOCIAL EXPLANATIONS OF DEPRESSION

Multidetermined meaning it is likely that several factors may cause and contribute to the maintenance of depression	
Neurochemical/neuroendocrine bases <ul style="list-style-type: none"> Seems to be related to serotonin as well as the catecholamines (dopamine, norepinephrine, and epinephrine). Can also be related to low thyroid. There is mixed evidence regarding the role of other hormones like estrogen; some studies have found that hormone levels (estrogen and progesterone) are related to postpartum depression and others have not. The risk may be greater for women who have a history of premenstrual dysphoric disorder. 	
Genetic / Physical <ul style="list-style-type: none"> People who experience depression often have first-degree relatives who have also experienced depression or other mood disorders. Some researchers believe neurobehavioral predispositions referred to as temperaments are a factor in depression. Being female Pain - from childbirth, nursing, breast infections, etc. 	
Risk Factors from Childhood (risk factors means the presence of a factor is associated with increased rate of depression) <ul style="list-style-type: none"> Parents who were cold, neglectful, or hostile Parents with depression, substance abuse or other psychiatric disorders History of abuse (physical, emotional, and sexual) by parents, caregivers, or siblings Poor attachment or bonding with caregivers Learned helplessness (the learned reaction some people have when they have experienced negative situations over which they had no control and efforts to rectify the situation are futile. The theory states that people learn not to try to change things for the better) Loss of a loved one 	
Current Risk Factors <ul style="list-style-type: none"> Marital conflict or conflict with close others Significant changes in one's roles (e.g., becoming a new parent, leaving work, returning to work, etc.) Inadequate sleep (especially with women who have experienced depression before the postpartum period) Low self-esteem or self-efficacy Social Isolation Traumatic birth experience or pregnancy Having an infant who is "colicky" or has a difficult temperament 	<ul style="list-style-type: none"> Having an infant who is ill, premature, disabled Loss of a close loved one Some thought patterns related to how one assesses the environment (e. g., negative filter, self-criticism, mind-reading) Personality traits like perfectionism and pessimism Stressful life events (e.g. recent move, financial strain) Some researchers believe that it is the combination of having a biological vulnerability to depression combined with the occurrence of risk factor.
Buffers (factors that help prevent or reduce the duration of depression) <ul style="list-style-type: none"> Good marital relationship Strong & broad social support network Adequate sleep Exercise & good nutrition Help with daily chores & activities 	<ul style="list-style-type: none"> Good coping skills Adaptive thought patterns & realistic expectations Some religious beliefs Personality traits (e.g., resilience and flexibility, optimism, being accepting of life's challenges and one's self).

Biopsychosocial Explanations of Anxiety
Also believed to be multidetermined
<p>Neurochemical/Neuroendocrine bases - Seems to be related to serotonin, norepinephrine, gamma-aminobutyric acid (GABA), corticotropin-releasing hormone (CRH), cholecystokinin, and deficits in the regulatory mechanisms of the hypothalamic-pituitary-adrenocortical (HPA) axis associated with an abnormal response to stress</p> <ul style="list-style-type: none"> • High thyroid levels
<p>Genetic – people who experience anxiety often have first-degree relatives who have experienced mood or anxiety disorders.</p> <ul style="list-style-type: none"> • Some researchers believe neurobehavioral predispositions referred to as temperaments are a factor in anxiety. • Females are more likely than males to develop an anxiety disorder.
<p>Childhood Risk Factors</p> <ul style="list-style-type: none"> • A chaotic and unpredictable home environment, • Poor attachment or bonding with caregivers • Parents with anxiety or other psychiatric disorders • History of abuse (physical, emotional, and sexual) by parents, caregivers, or siblings • Other kinds of trauma (disasters, car accidents, etc.)
<p>Current Risk Factors</p> <ul style="list-style-type: none"> • Fear of loss of a relationship • Certain thought patterns related to how one assesses the environment (e.g. prone to seeing things as threatening) • Some personality traits (e.g., hypervigilance) • Feeling as though some aspects of one's life is out of control • Traumatic events • Some researchers believe that it is the combination of having a biological vulnerability to anxiety combined with the occurrence of risk factor.
<p>Buffers (factors that help prevent or reduce the duration of anxiety)</p> <ul style="list-style-type: none"> • Good marital relationship • Having a strong social support network • Adequate sleep • Exercise, • Good coping skills (e.g. ability to relax, able to entertain other interpretations of events) • Adaptive thought patterns (e. g. waiting for evidence that something is safe or threatening versus seeing most things as threats) • Personality traits (e.g., resilience and flexibility, accepting of life's challenges, optimism) • Some religious beliefs

Postpartum Mood Disorders

	Postpartum Blues	Postpartum Depression	Obsessive Compulsive Disorder	Panic Disorder	Postpartum Psychosis
Incidence	50-80%	8-15% (50+% for women living in poverty)	9%	2%	<1%
Onset	Transient; usually within 10 postpartum days.	Initial onset usually occurs in the first two weeks; may occur anytime in the first year.	Women experience panic attacks in the absence of major depression during the first two weeks.	Women experience panic attacks in the absence of major depression in the first weeks.	Cases may occur 1 day after delivery, most by three months, and the remainder by one year.
Symptoms	Mild depressive symptoms; tearfulness, fatigue, insomnia, and some feelings of loss and being overwhelmed.	Sadness; despair; trapped; guilty; lethargic; feelings of failure; inadequacy; difficult time concentrating; insomnia; loss of sexual interest; fatigue.	Obsessive, intrusive thoughts about stabbing, drowning, microwaving; anxiety; panic attacks; no psychotic symptoms; onset of depression may follow.	Racing heart, sweaty palms, chest pain, rapid respirations	Agitation; bursts of anger; racing thoughts; rapid speech; panic; irrational thoughts; insomnia; hallucinations – inability to care for self and baby; suicide/infanticide paranoia.
Treatment	Listen, offer support, and assess for continuing symptoms of depression	Supportive and/or insight-oriented psychotherapy, group therapy, drug therapy	Drug therapy, ECT, psychotherapy	Treat as regular panic disorder, drug therapy	Hospitalize, psychotherapy, drug therapy and ECT

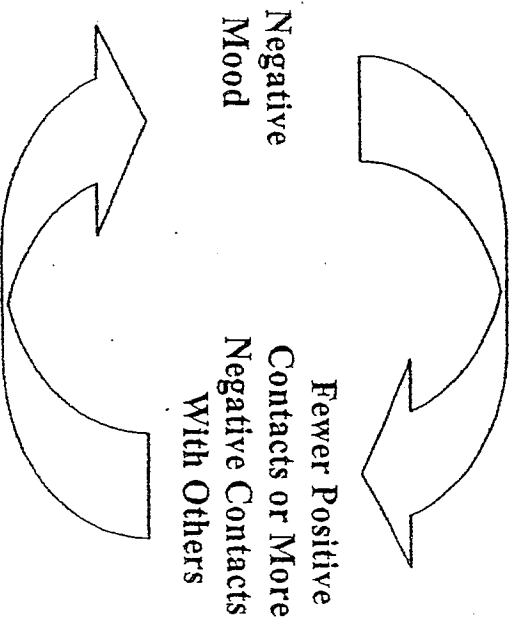
From Ana Schaper, R.N., Gundersen Lutheran Medical Center, LaCrosse, WI.

YOUR MOOD AND YOUR CONTACTS WITH OTHERS

- What kind of people contacts do you have when you are feeling down?
- How does your mood affect your contacts with people?
- When you isolate yourself from others, how does that affect your mood?
- How does having more conflict or tension with others affect your mood?

When we are feeling down we might

- Have less contact with others, avoid others
- Have lower tolerance, feel more irritable
- Feel more uncomfortable around people
- Act quieter and be less talkative
- Be more sensitive to being ignored, criticized or rejected
- Trust others less



When we have fewer positive contacts or more negative contacts with others we might

- Feel alone
- Feel sad
- Feel angry
- Feel like no one cares
- Be more depressed

Does a negative mood cause people to be less sociable or does being less sociable cause a negative mood?

The answer is probably both. When we feel down, we are less likely to socialize. When we feel depressed, we do even fewer things with people. This continues until we are so depressed that we spend much of our time feeling alone.